

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4679ESR | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/27/2009 |
| NAME OF PROVIDER OR SUPPLIER SIENA HENDERSON DIALYSIS CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 2865 SIENA HEIGHTS DRIVE, SUITE 141 HENDERSON, NV 89052 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| 1 000 | <p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/27/09 and finalized on 05/27/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Treatment of Irreversible Renal Disease.</p> <p>Complaint #NV00021537 was substantiated with deficiencies cited. (See Tag #0206)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> | 1 000 | | |
| 1 206 SS=D | <p>449.5405 Provision of Services</p> <p>1. In addition to the requirements set forth in NRS 449.700 <http://www.leg.state.nv.us/NRS/NRS-449.html> to 449.730 <http://www.leg.state.nv.us/NRS/NRS-449.html>, inclusive, each facility shall adopt and comply with a policy which ensures that each patient of the facility is:</p> <p>(a) Treated with respect, dignity and complete</p> | 1 206 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| 1 206 | <p>Continued From page 1</p> <p>recognition of the individuality and personal requirements of the patient;</p> <p>(b) Provided with sufficient privacy during treatment to ensure that any unwarranted exposure of the patient does not occur and to ensure confidentiality of the clinical record of that patient;</p> <p>(c) Provided with a safe and comfortable environment for receiving any treatment provided by the facility;</p> <p>(d) Provided with information concerning his treatment in a manner which ensures that the patient or the legal representative of the patient understands that information;</p> <p>(e) Informed by a physician of the medical status of the patient;</p> <p>(f) Informed about all modalities and settings for the treatment of end-stage renal disease;</p> <p>(g) Informed about and participates in, if requested by the patient, each aspect of care, including, without limitation, the right to refuse treatment and the medical consequences of refusing that treatment;</p> <p>(h) Aware of any services that are available to the patient at the facility and the charges for those services; and</p> <p>(i) Informed about any reuse of dialysis supplies by the facility, including hemodialyzers. If any brochures or other printed materials are used to describe the facility or any services provided by the facility, the facility shall ensure that the brochures or other printed materials include a statement specifying the policy of the facility concerning the reuse of those supplies.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review the facility charge nurse failed to follow the</p> | 1 206 | | | |

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| 1 206 | Continued From page 2 facility's Patient Rights policies and procedures and treat a patient with respect, dignity and recognize the patients personal needs regarding communication between the patient and staff. (Patient #1) Severity: 2 Scope: 1 Complaint # 21537 | 1 206 | | | |

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